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FACSIMILE TRANSMITTAL SHEET

Deliver to: Examiner Kevin R. Schubert, Art Unit 2137
Firm Name: U.S. Patent & Trademark Office
Fax Number: 571-273-8300
From: Joni D. Stutman-Horn Operator: Anne Collette
Date: March 20, 2006
App. No.: 09/853,825
No. of pages: 22 (including cover sheet)
Client/Matter: 42P10374 Docket Date: 3/20/2006 Atty: JDS

Dear Examiner:

Please find the following document(s) attached:

- 1) Transmittal Form (1 page)
- 2) Fee Transmittal – original & copy (2 pages)
- 3) Response to Final Office Action (18 pages)

Thank you.

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.	
By: <u>Anne Collette</u> Anne Collette	Date: <u>March 20, 2006</u>

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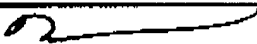
PTO/SB/21 (09-04)


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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	08/853,825	RECEIVED CENTRAL FAX CENTER MAR 20 2006
	Filing Date	May 10, 2001	
	First Named Inventor	Todd A. Schelling	
	Art Unit	2137	
	Examiner Name	Kevin R. Schubert	
Total Number of Pages in This Submission (not including this page)	20	Attorney Docket Number	42P10374

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (orig. & copy) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Blakely, Sokoloff, Taylor & Zafman LLP	
Signature		
Printed name	Michael J. Mallie	
Date	March 20, 2006	Reg. No. 36,591

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Anne Collette	Date March 20, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**50.00****Complete if Known**

Application Number	09/853,825
Filing Date	May 10, 2001
First Named Inventor	Todd A. Schelling
Examiner Name	Kevin R. Schubert
Art Unit	2137
Attorney Docket No.	42P10374

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MAR 20 2006**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
32	1	50
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
5	0	200
HP = highest number of independent claims paid for, if greater than 3.		
		Fee Paid (\$)
		50
		Multiple Dependent Claims
		Fee (\$)
		Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
32	1	1	125	125

- 100 = 1 / 50 = 1 (round up to a whole number) x 125 = 125

4. OTHER FEE(S)**Fees Paid (\$)****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	36,591	Telephone	408-720-8300
Name (Print/Type)	Michael J. Mallie	Date	March 20, 2006		

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005

09/853,825
Attorney Docket No.: 42P10374

MAR 20 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Todd A. Schelling

Application No.: 09/853,825

Docket No.: 42P10374

Filed: May 10, 2001

For: **ENABLING OPTIONAL
SYSTEM FEATURES**

Examiner: Kevin R. Schubert

Art Unit: 2137

VIA FAX (571) 273-8300

AMENDMENT AND RESPONSEMail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on Dec. 20, 2005, please reconsider the pending claims based on the following amendment and discussion.

03/21/2006 SSESHE1 00000018 022666 09853825

01 FC:1202 50.00 DA

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By:

Anne Collette
Anne ColletteDate: March 20, 2006

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